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ART. I.—*History of the American Medical Association.*

By ONE OF ITS MEMBERS.

IN accordance with the action of the Association at Charleston, S. C., the delegates to the fifth annual meeting of the American Medical Association convened in Richmond, Virginia, on the 4th day of May, 1852:[1] the President, Dr. James Moultrie, of S. C., called the Assembly to order at 11 o'clock A. M.

The members in attendance were cordially welcomed to the hospitalities of the city and State, by Dr. James Beale, President of the Medical Society of Virginia; and, after the usual preliminary proceedings, such as reading the list of delegates, whose names had been registered, the selection of one from each State to constitute a nominating committee, &c., the President delivered his annual address, and the following gentlemen were duly elected officers for the ensuing year, viz:—

President.

DR. BEVERLY R. WELLFORD, of Virginia.

Vice-Presidents.

DRS. JONATHAN KNIGHT, of Conn.; THOMAS Y. SIMONS, of S. C., JAMES W. THOMPSON, of Delaware; C. A. POPE, of Missouri.

Secretaries.

DRS. P. CLAIBORNE GOOCH, of Va.; EDWARD L. BEADLE, of N. Y.

Treasurer.

DR. D. FRANCIS CONDIE, of Pennsylvania.

[1] In the volume of *Transactions* for the year 1852, the date of the meeting is erroneously stated to be the 26th of May.

Delegates were in attendance from the medical societies and institutions of twenty-four States; the whole number differing but little from the preceding meetings at Charleston and Cincinnati.

Two delegates, Drs. A. J. Semmes, and W. H. Berry, duly accredited as representatives from the American Medical Society in Paris, were admitted to membership by a vote of the Association. Early in the history of the Association, it was found that the reading of lengthy reports from all the standing committees engrossed so much time as to be wearisome to many of the members. Hence it soon came to be the practice, that a large portion of the reports and papers presented at the annual meetings were referred to the Committee on Publication, without being read, or their contents known. At the commencement of the present annual meeting, the late Dr. Daniel Drake, of Cincinnati, made a strong effort to arrest this mode of proceeding. For this purpose, he presented the following resolutions, viz:—

"*Resolved*, That every report on a medical or other scientific subject shall be referred to a select committee, to be read, analyzed, and reported on to the Association; said select committee indicating its general character and worthiness of publication, provided the authors of every report shall have the right of appealing to the Association.

"*Resolved*, That no report shall be read before the Association until it has been examined and reported on by the Committee to which it may be referred, nor then, excepting under an order of the Association.

"*Resolved*, That no report shall be published in the *Transactions of the Association* but in virtue of its order.

"*Resolved*, That all professional and other scientific communications made to the Association, shall be referred and treated like reports of committees.

"*Resolved*, That the President, Vice-Presidents, and Secretaries of the Association shall be charged with the appointment of the aforesaid committees, being themselves eligible to such appointment.

"*Resolved*, That the authors of all reports and papers aforesaid, shall have the privilege of reading and explaining the same before the Committee."

These resolutions elicited considerable discussion, when, on

motion of Dr. A. Lopez, of Alabama, their further consideration was indefinitely postponed. Though the plan here proposed by Dr. Drake may not be the best that could be devised, yet we fully agree with him that the present mode of receiving and referring papers and reports to the Committee on Publication, without any definite knowledge of their contents, is very unsatisfactory to all parties. This became so generally apparent, that, at a subsequent period of this annual meeting, the following resolution, offered by Dr. H. Green, of N. Y., was adopted without opposition, viz:—

"*Resolved*, That at the future meetings of this Association, all reports of committees, and all contributions on scientific subjects occupying more than ten pages of quarto-post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis shall be read before the Association."

On the afternoon of the first day of the session, Dr. Isaac Hays read the reports of the Treasurer and the Committee on Publication, which were accepted, and the resolutions appended thereto adopted. The report of the Committee on Prize Essays was also presented and read by Dr. Geo. Hayward, of Boston. The report states that sixteen communications had been received by the Committee, but that the award of one premium only had been recommended.

The essay which was deemed worthy of this distinction was entitled, *On the Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*, and the author was Dr. Austin Flint, of Buffalo, N. Y.

Dr. A. Clapp, of Indiana, Chairman of the Committee on Indigenous Medical Botany, presented a lengthy report on the Medical Botany of the United States, which was accepted, without reading, and referred to the Committee on Publication.

This, with the essay of Dr. Flint, may be found in the published volume of *Transactions* for 1852.

On the morning of the second day, the Secretary stated that copies of the resolutions adopted at a previous annual meeting, relative to an assimilated rank of the Medical Staff of the Army and Navy, had been forwarded to the proper departments, and its reception acknowledged by Dr. Harris, the chief of the Bureau

of Medicine and Surgery. Dr. Ninian Pinckney, of the U. S. Navy, read a memorial, which he had prepared to present to Congress, on the same subject. The memorial was approved by the Association, and the Secretary directed to communicate the fact to the Secretary of the Navy and the presiding officers of both Houses of Congress. Dr. Simons, of S. C., called the attention of the Association to the very important subject of emigration and the sickness on board of emigrant ships, resulting from crowding and uncleanliness, and also to the fatal results which sometimes follow the introduction of the passengers of such ships into our cities and towns. He concluded by offering the following resolutions, which were adopted by the Association, viz:—

"*Resolved*, That the American Medical Association do memorialize Congress to require all vessels carrying steerage passengers on the sea to have a surgeon on board.

"*Resolved*, That a committee of this Association be appointed to draw up a memorial to Congress, making such suggestions as it may deem fit, as regards the importance of this measure."

A communication was received from the New York Academy of Medicine, very decidedly condemning the practice of holding what are called *Clinics* in the Medical Colleges. The communication was referred to the Committee on Publication, with directions to have it printed in the *Transactions*. An interesting paper on *The Action of Water on Lead Pipes, and the Diseases resulting from it*, by Dr. Horatio Adams, of Mass., was presented by Dr. Hayward, of Boston, and referred to the Committee on Publication.

A report on the *Blending and Conversion of the Types of Fever*, by S. H. Dickson, M. D., of S. C., was read to the Association and referred to the Committee on Publication. A report on *The Permanent Cure of Reducible Hernia*, by Dr. Hayward, of Mass., was also read and referred to the same Committee. Dr. C. A. Pope, of Mo., read a report from the Committee on *The Uses of Water in Surgery*, which was referred to the Committee on Publication.

The following reports were then presented, and, with the exception of the first, read only by their *titles*, and referred to the Publishing Committee, viz:—

Report on the Epidemics of New England. By Dr. W. Hooker, of Conn.

On the Toxicological and Medicinal Properties of our Cryptogamic Plants. By F. P. Porcher, M. D., of S. C.

On the Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland. By Dr. J. L. Atlee, of Pa.

On the Epidemics of South Carolina, Georgia, Florida, and Alabama. By Dr. W. M. Boling, of Ala.; to which was appended a paper by Dr. D. J. Cain, of S. C.

On the Epidemics of Mississippi, Louisiana, Texas, and Arkansas. By Dr. Ed. H. Barton, of La.

On the Epidemics of Ohio, Indiana, and Michigan. By Dr. Geo. Mendenhall, of Ohio.

On the Epidemics of Tennessee and Kentucky. By Dr. W. L. Sutton, of Ky.

All these reports and papers, except that "On the Toxicological and Medicinal Properties of our Cryptogamic Plants," may be found in the volume of *Transactions* for the year 1852, extending its size to 939 pages, and embodying a great amount of most valuable facts and observations, which should be in the possession of every practitioner in our country. The report on cryptogamic plants was withdrawn by the author for the purpose of pursuing further investigations on the subject.

It will be recollected that the several "standing committees," originally provided for by the Constitution of the Association, were abolished at the annual meeting in May, 1851, except those on Publication and Arrangements. At the present meeting, this action was so far reversed as to provide again Committees on Medical Literature and on Medical Education. The Committee appointed on the first subject consisted of Dr. René La Roche, of Pa., chairman; and of Drs. W. De Saussure, of S. C.; N. S. Davis, of Ill.; Jacob Bigelow, of Mass.; and Ed. H. Barton, of La. That on Medical Education consisted of Dr. Zina Pitcher, of Mich., chairman; and of Drs. Austin Flint, of N. Y.; J. R. W. Dunbar, of Md.; James McKeen, of Maine; and D. W. Yandell, of Ky. At the meeting of the Association in Charleston, when the standing committees were abolished, the whole Union was divided into districts, and a Committee on Epidemics appointed in each, with instructions to report at the present meeting. Only a small number of them reported, however; and some even of those were only partial communications. To give time for more

complete investigations on this important subject, the following resolutions were proposed and adopted, viz:—

"*Resolved*, That the Committees on Epidemics be constituted, in relation to the division into *districts*, as they were last year, and that they be continued in service during a period of five years.

"*Resolved*, That the chairman appointed for each district shall have power to select associates, not exceeding four in number, to assist him in his labors.

"*Resolved*, That the several State Medical Societies be requested to use their influence to procure the appointment of sanitary commissions by the legislatures."

Dr. Daniel Drake, of Ohio, prepared and presented to the Association a paper "On the Influence of Climatic Changes on Consumption," which was referred to a special committee for examination, without being read before the Association.

This Committee failed to meet; and although he was requested, by a vote of the Association, to furnish a copy of the paper for publication in the *Transactions*, yet so strong was his opposition to the mode of receiving papers and essays, and referring them for publication without reading or examination, that he refused to comply with the request.

Dr. J. L. Atlee, of Pennsylvania, offered the following preamble and resolution, which were unanimously adopted:—

"WHEREAS, it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas, the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was 'first in peace, first in war, and first in the hearts of his countrymen:'—

"*Be it therefore resolved*, That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone, with an appropriate inscription, for insertion, in the name of this Association, into the national monument to the memory of WASHINGTON, now in progress of erection at Washington City."

The Committee appointed under this resolution consisted of

Drs. J. L. Atlee, W. P. Johnston, R. W. Haxall, Alfred Stillé, and Gouverneur Emerson. The Committee so faithfully performed the duties assigned them, that a beautiful block of marble was obtained, and with a suitable inscription there was placed on it a device, representing Hippocrates, the father of medicine, refusing the rich bribes offered by the Persian king, Artaxerxes, to induce him to bestow his services on the enemies of his country.

The Committee on Nominations reported the names of chairmen for *twenty-seven* committees on special subjects, which were to report at the next annual meeting. The report was accepted and adopted by the Association.

The subject which seemed to engross a large amount of attention at this meeting, and elicited more discussion than any other, was that of amending the *Constitution*. The question was first raised at the annual meeting in 1851, whether colleges of dentistry and pharmacy were entitled to a representation in the Association? and it was referred to a special committee, of which Dr. Isaac Hays was chairman, with directions to report at the next annual meeting. The Committee reported in favor of the following resolution, which was adopted:—

"*Resolved*, That colleges exclusively of dentistry and pharmacy are *not* recognized by this Association as among the bodies authorized to send delegates to its meetings."

To the same special committee had been referred a communication from the Philadelphia County Medical Society, asking for certain amendments to the Constitution of the Association; and also a resolution, offered by Dr. Atlee, asking for the adoption of a more equable plan of representation than the one at present existing. On these topics, Dr. Hays, chairman of the Committee, reported in favor of so altering that section of the Constitution relating to members, as to restrict each State society, in States where county and district societies also exist, to *four* delegates for the whole society, instead of one for every *ten* of its members; and each medical college to *one* delegate instead of two. But the ratio of representation from the county and district societies, and such State societies as exist in States containing no county or district organizations, was to remain unaltered.

Dr. Yardley, a member of the same Committee, also made a

report, recommending essentially the same changes in the ratio of representation, and in addition proposing to make "all the members of the medical profession who are attached to properly organized county or district and State medical societies, throughout the United States," also members of the American Medical Association. On motion of Dr. F. Campbell Stewart, of N. Y., both these reports were referred to a committee of three, appointed by the President, with instructions to report, in definite and proper form, such amendments to the Constitution as will embrace the views set forth in said reports, and such other views as may appear to the Committee advisable.

On the third day of the session, Dr. Stewart, in behalf of this Committee, reported in favor of striking out so much of the present Constitution as is contained under Articles I. and II., and inserting in their stead the following, viz:—

ARTICLE I.—*Title of the Association.*

This institution shall be known and distinguished by the name and title of "the American Medical Association." *It shall be composed of all the members of the medical profession of the United States,* of good standing, who acknowledge fealty, and adhere to the code of ethics adopted by the Association; and its business shall be conducted by their delegates or representatives, who shall be appointed annually in the manner prescribed by this Constitution.

ARTICLE II.—*Of Delegates.*

§ 1. The delegates to the meetings of the Association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, State, and regularly chartered medical societies; from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States Army and Navy.

§ 2. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and he shall be

entitled to participate in all the business affairs of the Association.

§ 3. The county, district, chartered and voluntary medical societies, shall have the privilege of sending to the Association *one* delegate for every ten of its resident members, and one more for every additional fraction of more than one-half of this number.

§ 4. Every State society shall have the privilege of sending four delegates; and in those States in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one-half of this number.

§ 5. No medical society shall have the privilege of representation, which does not require of its members an observance of the code of ethics of this Association.

§ 6. The faculty of every chartered medical college, acknowledging its fealty to the code of ethics of this Association, shall have the privilege of sending one delegate to represent it in the Association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually, of not less than sixteen weeks, on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery, and Chemistry: *And provided, also*, That the said faculty requires of its candidates for graduation, 1st, that they shall be twenty-one years of age; 2d, that they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d, that they shall have attended two full courses of lectures (not, however, to be embraced in the same year), and one of which must have been in the institution granting the diploma, and, also, where students are required to continue their attendance on the lectures to the close of the session; and 4th, that they shall show by examination that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the Association, notwithstanding that it has *not six professors*, and that it *does not require three years* of study for its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodations for one hundred patients, shall be entitled to send one delegate to the Association.

§ 9. Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the Army and Navy Medical Bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the Association, as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the Constitution, and inscribe his name and address in full, with the title of the institution which he represents.

These propositions were discussed at considerable length by many members of the Association. The discussion took a wide range, including the whole subject of medical education, and was participated in by Drs. Mitchell and Huston, of the Jefferson Medical College, Dr. Horner, of the University of Pennsylvania, Drs. Davis and Rogers, of the University of Virginia, Dr. Frost, of the Medical College of S. C., Dr. Lopez, of Alabama, Drs. Stewart and Watson, of N. Y., Dr. W. Hooker, of Conn., and others.

The whole subject was finally disposed of by a vote accepting the several propositions, ordering them published in the *Transactions*, and *recommending* them to the Association, at its next session, as amendments to the Constitution.

Dr. J. B. Flint, of Ky., gave notice of a proposition to amend the *fifth* article of the Constitution, "so as to provide that, instead of the annual volume of *Transactions*, the Association may establish and maintain a quarterly journal, to be a medium for the publication of its proceedings, and of the most valuable contributions of its members; an organ of resolute and impartial criticism, and an official exponent and advocate of the views of the Association on medical science, education, and ethics."

In accordance with a constitutional rule, the proposition was laid on the table until the next annual meeting.

On motion of Dr. J. L. Atlee, of Pa., the following resolution was adopted, viz:—

"*Resolved*, That this Association still recommends to the medical colleges the propriety of lengthening their terms of instruction."

After adopting the proposition of the Nominating Committee, to hold the next annual meeting of the Association in the city of New York, and the usual complimentary resolutions to the officers, the Committee of Arrangements, &c. &c., the Association adjourned *sine die*, on the afternoon of the fourth day of the session.

This meeting of the Association, like those which had preceded it, afforded occasions for much social enjoyment. The members of the profession in Richmond, and the State generally, fully sustained the reputation of "old Virginia" for a most generous and noble hospitality. In addition to the numerous and elegant private entertainments, one evening was occupied with a sumptuous public dinner, and every effort was made by the local profession to render the meeting an exceedingly pleasant, as well as profitable one, to all who took part in it.

Art. II.—*An Essay on Animal and Vegetable Life.*

By John B. Phillips, M. D.

(continued from page 314.)

The germ, endowed with vital force, being aroused to activity by a certain amount of heat, becomes the theatre of certain actions called *life actions*. It increases its mass by assimilation from the plastic material which surrounds it. In a short time we find it surrounding itself with a membrane, forming a *vesicle* or *cell*—the first product of organic life.

All the various structures of the organic world are built up by means of cells and cell-action, and all the cells of any one organism may be considered as the descendants of the primordial cell.

The manner in which an organism is produced from this original cell, presents a very interesting and extensive field of inquiry, and one which I can but slightly glance at. In the first

place, new cells are either developed *within* pre-existing cells, or they arise directly out of an organizable blastema, being vitalized, as it were, by the action of germ force.

The first mode is called that of *duplicate subdivision.* The first cell divides into two; these two again form four, and so on to eight, sixteen, thirty-two, sixty-four; and thus a mass of cells are formed with great rapidity.

This mode of development is common in plants, in the early embryo, cartilage, &c. There seems to be an inherent tendency in these cells to divide after a certain period, of course absorbing nutriment, during the process, from the surrounding material. Sometimes it is not the cell itself, but the nucleus within it, which first evinces this tendency. When the nucleus has divided, and the nutrient material is absorbed, the old cell bursts, and the new cells are liberated. Sometimes, numerous new cells are developed within a single parent cell; thus a more rapid evolution is effected. This occurs more especially in the secreting glands, cancerous and malignant growths.

In other instances, again, cells have their origin directly from a formative fluid derived from the blood, without the intervention of previously existing cells. The new cells, in this case, seem to originate, *de novo*, in a nucleus formed by the aggregation of minute molecules, or granules, which float in the fluid blastema. It has been suggested that lymph corpuscles are formed in this manner. This process of the multiplication of cells is called cytogenesis.

But we have as yet only a chaos of cells produced. It will now be found that these cells that have already shown themselves capable of reproduction, and of preparing a crude plasma into an immediate or proximate plasma for their own nourishment, have now the additional capacity of assuming a definite shape. Thus, of cells which were all originally of a spheroidal shape, some become elongated, some tubular, and others flattened; depending upon the offices which they are designed to fill, and the structure which they may go to form. These changes in form are not owing to any external constraint or pressure from without, but to a dominant force within. They seem also to have a species of volition, or elective force, in their mutual arrangement among themselves. For example, in the vegetable, a portion arrange

themselves in rows, their exterior walls adhere together, while their interior walls are increased and strengthened by *internal deposits;* and thus the solid mass of woody fibre is formed.

Others, again, when it is required to form a continuous tube or vessel for circulation for the sap, undergo a different transformation. The layers of cells, in this case, do not coalesce and form a solid structure by a deposition of matter within them; but, in the first place, they assume an *oblong* or *elongated* shape. The ends of the cells do not adhere together, as in the former case. On the contrary, the partition walls between them are broken down, the cells become cylindrical tubes, and these tubes unite and form one continuous tube or vessel.

Thus we see that every structure, both of the animal and vegetable world, has its origin in a simple cell. Indeed, in some of the lower order of plants, a single cell constitutes the whole entire structure; as we see in the case of the green crusts that cover the bark of trees and damp walls. But, in most instances, the original cell generates *new cells;* these again generate others, and so on until myriads of cells are produced, which, by their peculiar properties and endowments, by their increase in *size* and change in substance, by their alteration in *figure*, and the manner in which they arrange and unite themselves together, form a perfect, harmonious, and regularly organized structure.

As I said before, many vegetable organisms are simply an agglomeration of cells, each of which has a certain degree of independent vitality, and capable of existing *alone*, if duly supplied with nourishment. These cells absorb nutriment from those around them, and those in contact with them. Such plants are called cellular, to distinguish them from others which have a distinct system of vessels for the purpose of conveying the sap from the roots to the leaves, and, after there undergoing aeration, it is again carried down the outside, and contributes to the nourishment of the plant or tree.

In the simpler forms of plants and animals, the cellular system suffices for all purposes of circulation and nourishment. We generally find in these cases that the organism is of a permanent character; such as bones in animals and woody fibre in trees. Thus, a tree may live for hundreds of years without any material change at the heart. As there is no disintegration of its sub-

stance, of course no nourishment is required, and hence a *vascular* system would be useless. If the heart of a tree could be taken out without injuring its bark, it is questionable whether its health or growth would be in the least degree affected. All, except endogenous plants, grow on the outside; and, accordingly, here the circulation is active, and here is found the vascular system.

In plants there is little or no disintegration of substance or breaking up of tissue. What is once assimilated *remains!* Its function is to *grow;* and when it ceases to grow it ceases to live. The *oak* that has stood for more than a century still puts forth new buds from every *twig* in spring, and every year another ring is added to its trunk. This is far from being the case with man and the higher animals. In these, after a certain period, all growth ceases; and, so far from the human body remaining *fixed*, it is well known that all parts are in a constant state of *growth* and *decay*.

Man's body may be termed a vortex of matter. The *pillar of insects*, in the evening sunbeam, may not inaptly represent what is continually going on within and around him. In one sense, the whole phenomena of life is nothing but a *birth* and a *death*. I know not where to find a more beautiful expression of this truth than in the poetical prose of that rare old English writer, Jeremy Taylor:—

"Every day's necessity calls for a reparation of that portion which Death *fed upon all night*, when we lay in his lap and slept in his outer chambers. The very spirits of a man prey upon the daily portion of bread and flesh, and every meal is a rescue from *one* death, and lays up for *another;* and while we think a thought we die, and the clock strikes and records our portion of eternity. We form our words with the breath of our nostrils, and we have the less to live upon for every word we speak."

To supply this waste and disintegration of the system, some adequate means must be provided. For this purpose, simple cellular action is utterly incompetent. Accordingly, we find a great vascular system, consisting of veins and arteries, ramified throughout all parts of the body, distributed to an almost infinite degree of minuteness. The smallest capillary vessels are not more than $\frac{1}{3700}$ of an inch in diameter. But, minute as this ramification is, still, in some parts of the system where the circu-

lation is less active, there are still islands between these irrigating streams of fresh arterial blood which the vascular circulation cannot supply. The nourishment of these parts is sustained by means of cellular action, precisely as in the case of the lowest order of plants. Here we find a striking illustration of what cannot fail to arrest the attention of every one who would study the workings of nature to any purpose. I allude to that peculiar overlapping or dovetailing together of the one grand system.

The geologist will tell you that the structure of the earth is an accumulation of different strata, rising one above the other in regular gradation, each of which was elaborated and thrown up at distinct and distant epochs of time. The astronomer teaches that the same law that causes the apple to fall extends to the utmost bounds of the universe, and connects innumerable systems of worlds.

The means which nature provides for the growth of the lower order of plants and animals, is that of simple cellular action—that peculiar power conferred by the original germ, by means of which it elaborates from the plastic material that which goes to support its life and growth. In the nutritive process, this corresponds to the first formation in geology. But this is found not to answer all the ends of a higher organization in *plants*, even much less in animals. Accordingly, they are provided with a vascular system, calculated to convey the nutritive material to the different parts with greater rapidity. Here we have our secondary formation growing out of the other.

But mark, the first is not discarded. The assimilation of nutriment by means of cells is in no case dispensed with. It is the foundation of the whole process, and must, of course, prevail universally. It is the first formed, and, by a universal law, the first formed is always the most important. Where nature takes on a mode of action to effect a given purpose in the lower orders of creation, we may be perfectly assured that we will meet with the same phenomena in the very highest, when a similar object is to be accomplished. She does not drop her threads; the warp is the same, whatever be woven in the woof. The law that governs the nutrition of a man's body is precisely the same as that of the fungi that grows up and perishes in a single night. She does not alter her plans; hence she is always consistent.

She understands what she wishes to do, and all that she would do, from the very commencement; therefore, she is not partially, but precisely right at the start, and goes on to complete the work from beginning to end, without change or shadow of turning. The laws that lie at the foundation of matter are coextensive and coeternal with the existence of matter; hence, there is no remission of their activity. Though they may seem to be suspended for a time, they only yield in obedience to higher laws.

Man lives, moves, and breathes, and resists, for a time, successfully the physical elements that continually conspire for his destruction. The summer's heat and winter's cold he renders innoxious, and, to a certain extent, he protects himself against the ravages of disease. But, in the end, dust returns to dust. While he lives, he is subject to all the physical laws that prevail around him, while, at the same time, he moves in obedience to the law of vitality within him. So long as he lives this law prevails; it is paramount to all others, and commands them all; but it can be of no effect without the rest. In all living beings, the law of vitality is the controlling, but not the only law; the physical laws remain, while those of vitality are added.

(TO BE CONTINUED.)

ART. III.—*A Case of Puerperal Fever.*

By J. HENRY CLARK, M. D.

FACTS of practical importance can never fail to interest medical readers. It is a conservatism eminently important for the safety of the patient, and for the reputation of the practitioner, which induces him to adhere to a mode of treatment which he has hitherto employed, and in which he has confidence, until perfectly satisfied that there is a better. While shifting opinions are dangerous and improper, the medical man should always be open to conviction, and be ready to yield up or adopt any doctrine when sufficient evidence is afforded him of a safer course, or of the fallacy of his previous convictions.

In view of the fatality which attends "puerperal peritonitis," I

decided some time ago when the next case should fall into my hands, that I would employ the treatment suggested by Prof. A. Clark, of New York, who reports such gratifying results. Having fulfilled my determination, and reached a successful result, it has occurred to me that a minute detail of the case would be interesting to the readers of the NEW JERSEY MEDICAL REPORTER. I therefore kept a record during the progress of the case.

I was summoned on the morning of March 19th, 1855, to the accouchement of Mrs. Mary K., aged 29, a woman of strong constitution and vigorous health; she had borne five children, and had usually lingering labors. The progress, in the present instance, was slow; head was arrested at the upper strait nearly twelve hours; complained of giddiness, and her face was somewhat flushed during labor, and she expressed a desire to be bled. She was safely delivered, however, of a full-sized female child at 10 o'clock the same evening.

March 20, M. Patient doing well; no untoward symptoms. She was usually "smart," and never more so than now. About 9 o'clock, up to which time she appeared quite well, she suddenly fainted. About 10 o'clock, twelve hours after the completion of her labor, she was seized with severe rigors, succeeded speedily, it is said, by a high fever.

21*st*, 7 o'clock A. M. Owing to some mismanagement, I was not called until this hour. I found her with a pulse about 160; suffused countenance; hot skin; great thirst; hurried respiration; lochia suspended; bowels tympanitic—they would not bear the slightest pressure; while she complained constantly of most severe lancinating pains, which she said she had suffered the whole night.

Although I perceived that this was a case of the most formidable description, I determined to adopt the suggestions of Prof. Clark. Her bowels having been opened since her accouchement, I did not order an aperient, but gave three-fourths of a grain of the sulphate of morphia, and ordered a hop poultice to the bowels. Directed a half grain of sulphate of morphia every hour.

10 o'clock A. M. Pulse unchanged; continued the opiate as before. Asked a medical friend, of age and experience, to see the patient with me. He regarded her as almost certain to die under any treatment, and I thought the case one that would fully test

the efficacy of the remedy. Twelve o'clock, perspiration profuse; mind clear; pains in the abdomen have ceased.

2 o'clock P. M. No important change. 6 o'clock P. M. Appearance of improvement; continued the prescription. 10 o'clock P. M. Manifests a disposition to sleep. (Has had no sleep before for forty hours.) The pupils were contracted to such a degree that she saw indistinctly. Suffusion of the eyes; respiration 20; pulse 140. Ordered a quarter of a grain of morphia to be given instead of a half a grain as heretofore, and to be called at 2 o'clock.

22*d*, 2 o'clock A. M. Found my patient with improved appearance. Pulse 130; respiration 20; patient had slept considerably. 7 o'clock A. M. Respiration as before, and pulse 120. Much less tenderness of the bowels, with greatly improved appearance. Ordered a continuation of a quarter of a grain of morphia every hour.

10 o'clock A. M. Patient quietly sleeping upon her side. Continued the same prescription.

1 o'clock P. M. Patient improving; very little tenderness of the abdomen; less tympanitic; nervous twitchings of the hands; respiration 19; pulse 130; pupils more contracted. Continued the prescription.

6 o'clock P. M. Pulse 128; milk freely secreted; lochia discharging; urinates freely. Ordered the breast drawn, and prescription continued.

10 o'clock P. M. Pulse 120; less impulse; respiration 14; improved appearance; mind clear; still less tenderness of the bowels; patient "feels" much better. Ordered quarter of a grain of morphia every two hours.

23*d*, 8 o'clock A. M. Has been much disturbed by the restlessness of the child. Ordered quarter of a grain of morphia every hour, and a large dose of castor oil.

11 o'clock A. M. Pulse 120 and feeble; respiration 14. Patient complains of flatulent eructations; desires food.

3 o'clock P. M. Respiration 10; pulse 120; feeble and compressible; mind slightly wandering; skin cool. The castor oil had operated freely. Much wind had passed away, producing an evident effect upon the size of the abdomen. Ordered quarter of a grain of morphia every two hours.

6 o'clock P. M. Respiration 14; pulse 130. Ordered a bowl

of arrowroot flavored with brandy, and to continue the morphia as before.

10 o'clock P. M. Better, except a headache, produced probably by partaking too freely of the arrowroot. Continued the prescription. Ordered a suspension of nourishment.

24*th*, 2 o'clock A. M. Bowels have been freely and repeatedly moved; lochial discharge and urine free; pulse fuller and less frequent; countenance much brighter; no flightiness; the whole aspect of the case greatly improved in every respect.

10 o'clock A. M. Diarrhœa had continued for some hours; the secretions from the liver copious and natural; pulse 100, very feeble; respiration 18; tenderness of the bowels about gone, and reduced to a natural size; temperature of the skin natural; patient very hungry. Ordered a quarter of a grain of morphia every third hour, and the renewed administration of the brandied arrowroot.

1 o'clock P. M. Pulse 100, fuller and pleasanter; respiration 15; appearance still further improved.

10 o'clock P. M. Respiration 18; pulse 100; further improvement evident. Ordered quarter of a grain of morphia every five hours.

25*th*, 9 o'clock. Pulse 90, and pleasant. Having slept quietly she felt refreshed, only complaining of the powder, which contained a quarter of a grain of morphia, of which she had taken but two in twelve hours. She insisted upon it that the apothecary had made a mistake; that they were too large; that they made her drowsy. While taking half grain every hour she did not complain of a single symptom indicating the effects of opium. Now the usual legitimate influence upon one in an ordinary condition was manifested, proving to me the propriety of the treatment, and furnishing an indication that the system was in a peculiar condition during the continuance of the disease, which tolerated very large doses of opium, from which condition she has just now emerged. I had administered no medicine but thirteen grains of the sulphate of morphia and a dose of oil.

She now clamored for hearty food, and furnished indications of a good condition of the digestive organs. Ordered a better diet and *stopped the opiate.*

4 o'clock P. M. Had eaten with good relish; pulse down to the usual standard, and tongue clean.

From this point convalescence was rapid, and a few days sufficed to place her where, under the depleting treatment, I have reason to believe it would have taken months to reach. The only debility from which she had to recover was that occasioned by the disease, which is far less in a majority of cases than that produced by the remedies. Her digestive organs promptly recovered their tone; her child was again applied to the breast, and in a single week it was hard to realize that she had been the subject of a most violent and dangerous disease, always severe in its progress and fatal in its tendencies. This case is suggestive with regard to the influence of sedatives in controlling inflammation. The value of opium for the relief of inflammatory affections has been well understood by the profession for a long period; still, I apprehend, it is often regarded mainly as useful in controlling pain in anticipation of, or in connection with their remedies, which have received the name of antiphlogistic. This case would indicate opium itself to be a most powerful antiphlogistic remedy. It seems to hold everything quiet, and gives nature a chance to cure; and when relieved, she seems able speedily and promptly to accomplish a cure.

A case of ophthalmia, the prominent symptoms of which were the most severe lancinating pains about the forehead and temples, recently gave me much trouble. Calomel, colchicum, cupping, opium externally and internally, cathartics, all failed to procure relief, and the sight was gradually failing, when a remedy that I frequently employ for the relief of pains purely neuralgic recurred to me. I ordered the external application of chloroform upon every return of the pain. It furnished entire relief, and after that hour the sight improved, and recovery resulted. The good accomplished seemed to me to be in consequence of the relief of the troublesome symptoms, pain, and the suspension of morbid action. Perhaps these thoughts may call out some readers of the Reporter who can draw upon their experience for facts which will either illustrate or disprove my conclusions.

Newark, N. J., *March*, 1855.

Art. IV.—*A Case of Idiopathic Malignant Inflammation of the Lower Lip.* By D. W. Maull, M. D.

A young man, æt. 20, residing in the country, had been confined to the house, for several weeks, with phthisis pulmonalis. My father was called to him March 6th last: found him much emaciated, and suffering from an aggravating cough, both of which, with other attendant symptoms, justified an unfavorable prognosis. Treatment directed to the alleviation of the pulmonic distress until Friday morning, March 16, at which time my father's attention was called to what he judged to have been, originally, a minute pustule, seated upon the left side of the lower lip, about eight lines from the angle of the mouth, which pustule the young man had slightly picked; the part, somewhat circumscribed at that time, had begun already to assume an intensely or vivid red appearance, and was also somewhat swollen. Examined, by gentle pressure with the fingers, the part, and found imbedded within the subcutaneous cellular tissue, immediately under the orifice of the pustule, a substance quite hard, and about the size of a pea: no serious apprehensions entertained at the time of the result of this slight lesion, as it had scarcely detracted from the attention bestowed upon the pulmonary symptoms; some simple local application was made to the part, or directed, thinking that the slight inflammatory action would soon subside.

On the early part of Saturday night, March 17, saw the case again, the distance in the country precluding the practicability of more than one visit a day. By this time, the disease had made fearful inroads: the redness and swelling had increased until they involved nearly the whole under lip and a portion of the jaw of the left side; pulse much accelerated, though this might have been expected from the original disease; intense pain in the inflamed parts; constant delirium and incoherent talk; the lower lip quite thick, and very much everted, modifying articulation.

Such was the condition of the case until about 8 o'clock, at which time the redness of the under lip and the left side of the jaw along its angle, began to be superseded by a perfectly black color, which increased in extent until the occurrence of death, which ensued at about 10 o'clock that night, thus making only

about 36 hours to intervene from the period of the first observance of this pustule up to the time of death. On the following morning, the parts presented an appearance of mortification. I need scarcely state, that none of the preparations of mercury had been employed in the treatment of the phthisis. Such is the simple statement of the facts relative to this peculiar case.

Remarks.—From the nature of the case, I may be permitted to indulge in some reflections. Several cases, of a nature somewhat analogous to this, have been reported by the "Boston Society for Medical Improvement." Most of these were similar in their origin, from a small pustule on the upper or lower lip; no seeming occasion for apprehension in their incipiency, in the malignant inflammation, and in their invariably fatal terminations. Such cases, we conceive, are comparatively rare, or, at all events, not many such are reported. In this case under our care, the system was in a reduced condition, and the vital energies or conservative powers of the system were exhausted, and could offer no obstacle or impediment to the course of the disease; could interpose no barrier to its ravages; and the case might possibly not have terminated so soon, had the recuperative powers of nature been more abundant, or in greater force; but the powers were weakened by long-continued pulmonic disease of a debilitating character. The cases elsewhere reported did not terminate so speedily; this was suddenly developed, and as suddenly terminated.

This case, under our inspection, differed essentially from charbon or malignant pustule, in not having its origin, as has the latter, in the infection from horned cattle, and in not containing the black slough in its incipiency. Although some of the characteristics of both of these inflammatory diseases closely approximate, the origin is sufficient to enable one to discriminate with certainty. The symptoms of consumption could, with facility, be separated from the local disease referred to.

The case differed from cellulo-cutaneous erysipelas in not being attended with some of the constitutional symptoms usually concomitant, though these effects may not be invariable; and, upon the whole, if it cannot with greater justice be classed with this disease than any other, it must be an affection *sui generis*, and merit an appellation accordingly.

GEORGETOWN, DELAWARE, *April* 18, 1855.

Art. V.—*Hydrastine.* By C. H. Cleaveland, M. D.

The Hydrastis Canadensis early attracted the attention of the medical men of America. It was known under various names, as *yellow puccoon, ground raspberry, turmeric root, golden seal, &c.* Mr. John Ellis, who contributed largely to the herbarium of Linnæus, first gave it the generic name of Hydrastis, and he also gave, as we are told in *Rees's Encyclopedia*, the first description of the plant.

This pretty plant was first cultivated in England, by P. Miller, who had specimens growing in 1759.

The yellow root has figured in most of the works of botanical writers in this country, and in the Appendix of the last edition of the United States Dispensatory, the plant itself, and the proximate principle is briefly noted.

Prof. Barton in his collections, threw out the supposition in these words: "The Cherokee Indians employ a plant in the cure of cancer, which is thought to be Hydrastis." This, doubtless, led Dr. Dyckman to mention cancer as one of the diseases for which Hydrastis is used, in his edition of the *Edinburgh Dispensatory.* A cold infusion of the root was formerly much used by boatmen and others for inflammation of the eyes, and that gathered in the vicinity of where Louisville now is, was in higher repute than that found elsewhere. This use of the root was also mentmentioned by Prof. Barton, and perhaps his encomiums have led to its introduction into the dispensatories.

The root in its recent state is juicy, with a strong and somewhat narcotic odor, and an intensely bitter taste. In drying, the root loses much of its weight, and becomes nearly inodorous.

The first account I have seen of its chemical examination, was by Mr. A. B. A. Durand, of Philadelphia, who found it to contain albumen, fatty matter, starch, yellow coloring matter, sugar, lignine, resin, and several salts, and a peculiar crystallizable nitrogeneous substance, for which he proposes the name of *Hydrastin*, but at the same time he said he supposed it to be an organic alkali. His account is published in the twenty-third volume of the *American Journal of Pharmacy.*

More recently several other chemists have essayed to obtain a

more or less pure Hydrastine, and in Prof. King's *Dispensatory* is published the mode adopted in its preparation by Dr. A. R. Brown, which I copy, as it is substantially the process adopted by the most of those engaged in its preparation at the present day.

"Macerate thirty pounds of the roots of the golden seal in eight gallons of alcohol, 76 per cent., for forty-eight hours; then, through a small opening made in the bottom of the vessel containing the above, allow the tincture to run off into a separate vessel; add of a new supply of alcohol, four gallons, and after macerating for twenty-four hours, draw off as before. Now pour upon the roots six gallons of cold water, and in twenty-four hours draw off the remaining alcohol, the water having been absorbed by the roots. Place these several tinctures together into a displacement apparatus sufficiently large for the purpose (I prefer Smith's), and distil off the alcohol; remove the residue, and let it stand an hour or two, and then pour off the supernatant liquid very carefully, so as to leave behind a black oleo-resinous substance, which, if not removed, will injure the beautiful yellow of the Hydrastine, and prevent it becoming pulverizable. Now treat the liquid, which has been poured off, with six or eight gallons of water, and while stirring the whole, gradually add, of pure muriatic acid, sixteen ounces; let it stand ten or twelve hours, and filter through fine muslin. Remove the Hydrastine, and place it on unglazed dishes to facilitate its drying. As prepared in this way, one pound of the root yields half an ounce of the so called *Hydrastine.*" Prof. King says that this beautiful article was first introduced to the profession by Dr. H. H. Hill, a druggist of this city, who, I think, is a graduate of Jefferson Medical College, of Philadelphia.

The later experience of Dr. Hill has led him to adopt a different mode of preparing Hydrastine from that above detailed. He first steeps the recently crushed root in the purest alcohol, for he has found that the more pure the alcohol, the greater will be the proportionate product obtained. He then distils off the alcohol of the tincture until of a thick consistency, when he dissolves the residuum in water, and makes a precipitate by means of pure hydrochloric acid.

After washing the preparation with water to remove any acid, he then redissolves the precipitate in hot alcohol, which, on cool-

ing, allows the Hydrastine to form in beautiful needle-shaped crystals like the specimens sent. By this process, a crystal is formed, which is insoluble in water and in cold alcohol; is of an intensely bitter taste, and a beautiful orange color. For convenience in prescribing, the crystals are usually ground to a powder in a mortar.

This method obtains a far greater amount of Hydrastine than that of Dr. Brown.

Mr. E. S. Wayne, of this city, an excellent practical chemist, who has for some time devoted himself to the remedial resources of our indigenous botany, and particularly to discovering the best means of isolating the medicinal principles from extraneous matters, is of the opinion that probably better means than those yet devised will be discovered for their extraction. He has already obtained a beautiful crystallizable substance from the Cimicifuga Racemosa, by a method I have reason for anticipating he will give to the profession through the columns of the *American Journal of Pharmacy.*

Hydrastine has had ascribed to it the most wonderful and the most opposite virtues. As the infusion of the root had proved useful in certain inflammatory conditions of the eyes, those who draw hasty conclusions have strongly urged its claims in ophthalmia, while the fact is notorious that it is entirely insoluble in water.

The error of Barton and others has led to its being used in cases of cancer, but probably all the effects that have been ascribed to it are due to the arsenic, the mercury, or the zinc with which it has been combined. Dr. Ewing, of Lexington, has strongly recommended the infusion of the root as an injection in gonorrhœa; and Dr. McCann and others unite with him in ascribing to the root valuable properties in those cases; but certainly the addition of insoluble Hydrastine to an injection, would not be likely to increase its value. Dr. Gooche denies its value in the few cases in which he tried it, and supposes that in those of Dr. Ewing the benefit must have been from the sulphate of copper, and not from the Hydrastine with which it was combined.

The *root* appears to possess a specific stimulating effect upon the mucous membrane, beyond what would follow the administration of a simple *tonic;* but that Hydrastine is possessed of any

other powers than those of the simple bitter tonic remains to be demonstrated; that it has antiperiodic properties has been stoutly affirmed, but not proved on trial, and hence the demand for further tests. As a tonic, probably it will be found of great value; its insolubility is against its use, but its intensity, power, and purity, as well as cheapness, is greatly in its favor, for it costs less than half the price of Salicine, and the source from whence it is obtained is inexhaustible.

I anticipate that Mr. Wayne will soon be able to present even more perfect specimens than that now forwarded to you.

CINCINNATI, *June* 1, 1855.

ART. VI.—*On Dyspepsia.* By R. DOUGLASS, M. D.

IT will be admitted that the evils of *exclusivism*, in relation to pathological subjects generally, are innumerable. Suppositions are created, and, before he is aware of the misleading influence by which he becomes enslaved, the practitioner's observation and reason are placed, in some degree, in an imbecile state of abeyance. Oft is he unduly influenced by fine-spun theories in his administrations at the sick bed, and, by his inflexible adherence to such theories, the life of the patient is, to say the least, jeopardized.

I have thought for some length of time that the theory which teaches that dyspepsia is generally the result of hepatic derangement, however plausible that theory may appear to be, is not correct; but, on the contrary, that that derangement is secondary and sympathetic, arising from a disordered and debilitated state of the stomach and bowels. That the flushing of the face, dryness of the mouth, weakness of the knees, and scurvy state of the cutaneous surface generally, which, though as symptoms they are called *bilious*, are, nevertheless, more correctly referable, in the majority of cases, to the *primæ viæ* as the first and chief seat of the malady. The fact should not be lost sight of, viz. that dyspepsia is a frequent disorder, while liver complaints are comparatively rare. The knowledge of this should carefully guard us against the indiscriminate use of mercurial preparations in such a state of the organ in question.

The rational indications of treatment will be found to be, *first*, to guard against whatever would tend to produce a debility of the nervous influence and muscular fibres of the stomach and bowels; *secondly*, to palliate the symptoms which aggravate and perpetuate the complaint; and, *thirdly*, to give tonicity to the debilitated organs.

1. *The indication is to guard the patient against whatever would weaken the organs of digestion.* All habits, therefore, which are known to have such a tendency, must be carefully guarded against. Among these are dissipation, luxury, indolence, late hours, undue attention to all kinds of business and study, improper food, insufficient mastication, strong coffee, and tobacco in its various forms.

2. *To palliate urgent symptoms.* This will call our attention to the state of the stomach and bowels. What, then, may we find in such a case? Constipation, flatulency, and morbid acidity; these we must obviate. The first requires the use of mild aperients. Active purging should be avoided, unless where the case requires the expulsion of hard fecal matter; but, even then, it need not be the only resort. There are other means far preferable in weak states of the stomach. As aperient medicine, in the pill form, is, generally speaking, to be preferred in dyspepsia, we would, therefore, recommend the following as among the best of that class:—

℞.—Ext. colocynth, ʒi;
Pil. rhei. comp. ʒss;
Pulv. ipecac. gr. xv;
Ol. carui, gtt. x;
Sapo, gr. xx.
M.—Ft. pilulæ xlviii.

Two or three to be taken as occasion may require.

The flatulency and morbid acidity may be counteracted by the following:—

℞.—Sodæ bicarb. ʒii;
Aqua menth. pip. ℥viii;
Spts. lavand. comp. q. s.

A tablespoonful to be taken three times daily.

In the case under consideration, we will frequently have bloating, belching, and acidity. The two former of these is produced by the gas, which will be, in a measure, counteracted by the

mentha piperita. As long as the gaseous state of the stomach continues, the dyspeptic condition cannot be relieved, forasmuch as the various fibres of that organ—the longitudinal, oblique, and circular—cannot act so as to produce the vermicular motion by which the food is brought into immediate contact with the gastric juice. Under this indication, the soda will answer an important end by neutralizing the acidity. But, as there is a cause at the back of all this, we are, in order to its removal, naturally led—

3. *To give tonicity to the debilitated organ.* While the stomach and colon are weak, they will engender gas, and pour forth morbid secretions, which, if permitted to continue, will give rise to still greater weakness, so that, finally, the *vires medicatrices naturæ* may be so far reduced as to leave the medical practitioner almost without a foundation on which to rest a hope of recuperation. In all dyspeptic cases, he will have weakness, and morbid or deficient secretions to contend with. What, then, is to be done under such circumstances? The weakness manifestly indicates the use of tonics and mild stimulants, while the morbid or deficient secretions indicate the employment of that which will correct or restore them. All these are combined in the following:—

℞.—Pulv. rhei., Pulv. zingib., āā ʒss;
Pulv. ipecac. gr. iv;
Ol. cinnamomum, q. s.
℔.—Ft. pilulæ xxxvi.

Dose, three pills three times daily.

These pills, together with the soda mixture, will soon bring up the tone of the stomach. While the rhubarb gives tonicity, and the ginger gently stimulates, the ipecacuanha will promote the secretions by exciting the stomach to pour forth its digesting fluid, as well as the mucus from the membranes of the intestinal canal. Here we see, at least in part, the *modus operandi* of the ipecacuanha in giving tonicity to the "throne of the system."

That the prescriptions may have their full effect upon the patient, it will be necessary to give some directions as to diet, and the proper time for the patient to take what you prescribe. As to the former, there is no rule of general application. Generally, in such a case, the only unexceptionable rule is, whatever agrees best with the patient is best for him, and this may be known by his own observation. The medicine should be given about three hours before each meal.

There are cases that may require the use both of the bitter and acid tonics, and also conditions that may, in the commencement, demand the use of the blue mass; but I think that, in the majority of cases, the above will be sufficient, and am persuaded that, if my professional brethren will but give the thing a fair trial, they will readily accord with what is here advanced, and give the weight of their testimony to the truth. The medicine here recommended, though simple in itself, will powerfully assist nature in resuming her empire.

Woodstock, Va., *May* 25, 1855.

Art. VII.—*Sudden Spontaneous Cure of Ascites.*

By Wm. Johnson, M. D.

The April No. of the New Jersey Medical Reporter contains an interesting case of disease, by J. B. Crawford, M. D., under the caption of "An Obscure Case." I am not aware, however, that greater obscurity rests upon it than very many cases which we diagnose with much confidence. I think that there can be no reasonable doubt of the case having been one of *ovarian dropsy.* The rapid development of the disease, however, as well as its termination, leaves an uncertainty on the doctor's mind as to the real nature of his case, and as he requests an opinion from some of the readers of the Reporter, and as no one yet has replied, I shall endeavor to throw light upon his case by the relation of a case of my own, which, although it was not ovarian dropsy (the patient being a male), yet, in two of its most remarkable features, was parallel with his. I refer to the rapidity of development and manner of termination. The manner of termination of both his case and mine was similar, which I believe was by *ulcerative perforation into the intestinal canal.* A very small perforation would be amply sufficient to evacuate the water, and might even be so small as to prevent the escape of fecal matter from the bowels, and nature, having accomplished the escape of the water, might then have instituted reparative processes. But let me relate my case.

May 7, 1839, I was called, in consultation with Dr. Honeyman, to the son of D. C., a lad about ten or twelve years of age, with

ascites. The dropsical effusion was the sequel of a *mild attack of peritonitis.* There was considerable tumefaction of the abdomen, but the inflammatory affection which had produced it was completely carried off by the serous effusion. A variety of anti-hydropic medication was employed by the attending physician before I was called in. I do not recollect, at present, of making any further addition to it, save the nitras potassæ. In two or three days after my visit, a very large quantity of water was discharged per anum, with a rapid subsidence of the abdominal tumor. The quantity of water discharged was so sudden, and the subsidence of the abdomen so complete, and the recovery so rapid, that I could account for it in no other way but on the *supposition of the water having found its way into the bowels by ulceration somewhere in them.* The recovery was permanent. It may be asked, had the medication employed any share in bringing about this favorable termination? I think not. The doctors got much credit when they deserved none. Nature effected the cure, either by ulceration of the bowels, which seems the most probable, or else by the production of large watery evacuations, bringing about absorption of the effused fluids. The patient was not taking hydragogues at the time.

White House, N. J., *June,* 1855.

Art. VIII.—*Collection and Preservation of Plants.* By Ariel Hunton, M. D.

It is expected, and doubly desirable, that the country physician who is intending to have a knowledge of the medical virtues of our indigenous vegetables, and *use* them as substitutes for more costly, and, in numerous instances, less efficacious articles of foreign growth, should collect, or superintend the collection of the material he intends to use, in order to insure a proper article.

Hence, a knowledge of botany and pharmacy is an indispensable requisite in his education, that he may be competent to judge of the proper time to collect, and how to preserve in the best manner. Those branches of the education of the faculty, in many cases, are sadly neglected. To me, there is an exquisite pleasure in the study of botany, it being interesting and very instructive.

Our medical writers inform us, that plants grown in a dry season have their medical virtues more abundant, and keep better than those grown in a wet season, which is a truth. All roots and barks should be excluded from the air, and leaves and herbs from both air and light. In this way, they may be kept a long time. It is of the utmost importance, in prescribing for the sick, that our articles be reliable, the price, with *me*, is of minor consequence. I require a pure article, which, if applied judiciously, and in season, will usually insure success.

The powders and extracts procured from the shops, until very recently, were adulterated to some extent. Ground rhubarb, at this time, may be purchased at a reduced price from that demanded for the crude pure root, which evidently shows there is a damaged or inert article combined, which, I am informed, is, frequently, decayed wood, which is usually of a yellow-brown color.

It is to be regretted that adulteration of our medicines is so prevalent. Knowing this fact, I prepare my extracts and tinctures with my own hands, and many of my simples and compounds, to insure a pure article.

As I have before said, all plants exposed to the air a long time, have their medical qualities much impaired.

All the mints, and, indeed, nearly *all* plants containing an essential oil, lose, by drying, from one-fourth to one-half their oil, and usually from two-thirds to three-fourths their weight. The essential oil of plants being the highly concentrated virtues of the articles under consideration, may be kept any length of time without deterioration; in this way they are prescribed, at this time, by most of the faculty, the herbs being little used.

There are few roots of annual growth in medical use; those that are, should be collected while the plant is in full vigor. Biennial roots should be collected in the fall of the first year's growth. Perennials, always in the fall. They cannot usually be collected in the spring before germination commences; they will shrink much more, will not keep as well, and are of an inferior quality.

Large roots should be sliced transversely; small ones, if required, longitudinally, dried as expeditiously as possible, and packed in tight vessels that air and moisture may be excluded; tin cans with tight covers, are very convenient.

Barks are most easily collected when they will strip from the wood, which with us is the last of May and first of June; but

they can be obtained at any season; that from the root usually pulverizes with greater facility than from the trunk: otherwise, I am not aware of any preference.

Leaves and herbs should be collected while the plant is in blossom, this being the acme of its vigor. I dry my leaves and plants in the shade, as expeditiously as possible, press them, and pack them closely and securely; they will keep a long time.

The most general rule for collecting flowers is, as soon as they are fully expanded, when the corolla is to be preserved; the exsiccation should be effected by stove heat, then placed in tight cans.

Berries should be collected when fully ripe, and thoroughly dried.

All plants, the virtues of which are an essential oil, or a volatile principle, should never be boiled; an infusion, with the vessel closely covered, and removed from the fire; any nervine is deteriorated by boiling; officinal valerian, by boiling, is nearly inert—it is a weak nervine at best.

The emetic quality of lobelia by long decoction is wholly dissipated.

Aurum triphyllum, by exsiccation, is nearly inert; a vegetable without taste or smell, *I think*, must be harmless.

Astringents may be boiled. Bitters are frequently boiled, but a cold menstruum is better.

In this, my eighth number, I am designing to *glean* and pick up some of the fragments dropped by the way, and will congregate some of our most patent counter-irritants and vesicatories; some have been previously described.

The inner bark of the young shoots or twigs of Juglans cinerea, scraped fine, and then bruised, applied to the skin, is, in potency, approaching the actual cautery; wet the surface with alcohol, or strong vinegar, previous to the application. It speedily occasions a burning sensation, with inflammation and vesication.

Polygonum punctatum, Arse-smart, contus., in a green state; the convenient form is to bruise in a mortar to a soft, pliable consistence; wet the surface as before directed; apply in the form of a cataplasm, it will vesicate.

Sinapi Alba et Nigra—*Mustard.*—These seeds have many virtues. They contain a fixed and an essential oil, the latter having an exceedingly pungent odor, and an acrid, burning taste.

The seeds swallowed whole are laxative, or cathartic; pulverized, they operate as an emetic, quite useful where the stomach is torpid and inactive, and a calefacient is needed to promote the operation of other emetics.

In chronic rheumatism, or any disease where a warm stimulating remedy is required, this article, with the root of Cochlearia Armoracia *contus*, infused in diluted alcohol, taken thrice each day, is a useful and potent remedy. The seeds, pulverized and spread on paste, may be judiciously applied as an irritant, a stimulant, or to vesicate.

Dirca Palustris—Wicapy.—The recent bark, bruised in a mortar, applied to a surface, will inflame or vesicate.

Cochlearia Armoracia.—The root and leaves may be judiciously used as a stimulant, counter-irritants, and vesicatories, when such remedies are indicated. The green leaves will vesicate the young; the root grated or contused, is more suitable for an adult.

Clematis Virginica.—The recent leaves bruised to a pulp, and applied to the skin, will vesicate. The leaves of the Clematis Vitalba will vesicate, and are used as an anti-venereal. The root of the Arum Triphyllum will vesicate.

Ranunculus.—All the varieties are acrid, pungent, and most of them will vesicate.

Urtica Civica—Nettle, the High and Dwarf.—As a stimulant to paralytic limbs, by whipping and shedding the sharp hairs on the skin; as a rubefacient, or vesicatory, by applying the leaves. The root is alterative, good in bowel complaints. I have been more successful in restoring paralytic limbs with nettles than any other remedy. I will name here that Canada Balsam is as sure a remedy in gonorrhœa as Bals. Copaiba.

Hyde Park, Vermont, *April* 2, 1855.

ART. IX.—*Extensive Incised Wound of the Abdomen, Liver, and Lung, followed by Recovery.* By HEMAN ALLEN, M. D.

In April, 1823, James Macdonals, aged eight or ten years, fell upon a sharp grass scythe in such a manner that his right side was

laid open by the wound, commencing several inches below the centre of the false ribs, passing upwards, a little obliquely forward, dividing all the false ribs nearly in the centre, and also dividing three of the true ribs, and partly dividing some of the others above; also wounding the liver by an incision about the length, breadth, and depth of a middle-sized man's forefinger, dividing the edge of the diaphragm at its junction with the false ribs, and laying open a wound on the right lobe of the lung very similar in magnitude to that made on the liver, yet a little deeper; dividing a bronchial vessel, which opened about half an inch in diameter, the air rushing out with sufficient force to blow out the candle at a distance of two feet or so. This took place on removing the clothes to inspect the wound. Applied cloths dipped in a solution of sacch. sat. in vinegar and water, laid him on his wounded side, shoulders elevated, and kept quiet with an anodyne and strict attention till morning. Had to wait two or more hours in the morning for the consent of his parents to have an operation performed, as they thought it utterly useless; was at last consented to. Removed the dressings, passed my forefinger three times into the wound above the diaphragm, and removed coagulated blood, in quantity amounting to two-thirds of the size of a hen's egg; closed the wound with eight separate stitches, an inch apart, leaving an inch or more at each angle of the wound; covered it with dry lint; stayed with common cerate; did not remove the dressings before two or three days; the wound healed almost wholly by the first intention; removed the stitches in due time. Patient was able to walk about in three weeks, and play a little in six, though somewhat lop-sided.

The favorable termination of this case suggests to my mind that, in young and healthy subjects, when matter has formed from inflammation, the faculty should not hesitate to operate when the matter can be reached with any degree of safety to the patient. Also, in fractures of the ribs, the broken ends wounding the lungs, producing emphysema, divide the parts down to the fracture, remove the sharp points, and dress according to circumstances. I have lately witnessed a fatal case of a large collection of matter, on or in the convex outer portion of the liver, from inflammation, in a strong, healthful constitutioned man, aged 45 or 50 years. If the matter had been evacuated, he might have had a good chance for recovery.

The foregoing statement is well known by Dr. Alexander Linn, of Deckertown, who was then a youth, and a near neighbor to the family. The boy grew to be a healthy man, and lived till within about three years ago. I thought of publishing the case at that time, but a press of business, procrastination, and delay, has prevented till this time. Conversing with Dr. Linn on the case, not long since, he thought it certainly ought to be published; and the circumstances were so strongly impressed on my memory that I think there is nothing material omitted in the relation; and I am certain there is nothing added to the facts.

DECKERTOWN, N. J., *May*, 1854.

BIOGRAPHY.

ART. X.—*Biographical Memoir of Dr. B. R. Wellford.*

DR. BEVERLY RANDOLPH WELLFORD was born in Fredericksburg, Virginia, on July 29, 1797. He was graduated in the Medical Department of the University of Maryland, in the spring of 1816, and returning to Fredericksburg, was immediately associated with his father in the practice of medicine.

Devoting himself with enthusiasm and energy to his profession, he not only soon established himself in the confidence and affections of a large circle of patients, but his reputation spreading beyond the sphere of his immediate practice, he was often invited to consultations by his brethren in adjacent counties. Dr. W. not only pursued with ardor the several branches of his profession, but he enlarged his mind and improved his taste by excursions into the kindred fields of science and general literature.

It was a matter of course that a man of such liberal studies should sympathize with the movements for medical reform, and professional organization, recommended by the American Medical Association. Accordingly, Dr. W., by his zeal and energy, contributed materially to the prosperity of the Virginia Medical Society, whose members evinced their appreciation of his efforts by electing him its President in 1851.

He discharged the duties of this office with so much care, and in a manner so satisfactory, that when the American Medical Association met in Richmond in 1852, he was, upon the unanimous recommendation of the Virginia delegates, chosen President of that body. The dignity and courtesy with which he presided over its deliberations elicited the admiration of his associates; and the graceful elocution, varied learning, and general ability which characterized his address before that body, gave him at once a national reputation.

In the spring of 1854, Dr. W. was elected to the chair of Materia Medica and Therapeutics in the Medical College of Virginia, and removed to Richmond, where he has been diligently engaged in discharging the duties of this office, and in the practice of medicine. His courteous manners, ripe experience, professional learning, and literary taste, all fit him to shine in his new sphere, and attract towards this rising institution the regards of the American medical public.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. XI.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, *April* 11, 1855.

Tumors in the Brain.—Dr. CONANT presented *three tumors developed* in the *brain*, with the history of the case, taken from the note-book of Dr. Dewees, the patient being under his professional care. In 1849, the patient applied to Dr. D. for treatment, suffering then from severe neuralgic pain over the left orbital and temporal region. He has had syphilis, and at the time of his application for relief, there existed an ulcerative discharge from nasal cells and frontal sinus. His symptoms were relieved for the time by galvanism. He was very deaf in the right ear; hearing was temporarily restored by Eustachian catheterization. Abscesses formed in this ear, attended by intense pain and profuse discharges without external perforation of the membrana tympani, by perforating the middle lamina of the membrane, and finding exit through the contiguous integument, midway into the auricle. Several portions of carious bone passed through the posterior nares into the throat. In the following year he experienced a like attack, terminating in a similar manner by discharge of pus. Some months subsequently, carious bone was discovered about the region of the Eustachian tube—deafness existed, which was temporarily restored by removal of the bone. In Feb.,

1852, he again applied to Dr. D. for the same trouble, and was relieved by the same means. Three months after he suffered from symptoms probably caused by the passage of a gall-stone. Two weeks after this he was seized with tremors, attended by pain over the region of the liver; hepatic abscess was diagnosed. In ten days after, blood and matter resembling pus were discharged from the rectum, followed by immediate relief of symptoms. One year after this, June, 1853, he was again seriously ill; and from the color of the skin and expression of face, malignant organic disease was at first suspected; but Dr. D. finally concluded the brain to be the seat of disease, as for a long time anticipated, although unattended with cerebral pain or disorder of the intellect. He suffered at the time continual constipation of the bowels; the power of erection, voluntary and involuntary, was lost; fugitive strabismus, and spasmodic closure of the glottis, if the air swept over the face. In the following month, gradual loss of power of the left side ensued, soon succeeded by hemiplegia; hiccough, spasmodic belchings, and increased reflex action now took place; and engorgement of the medulla oblongata was diagnosticated. The paralysis was partially relieved, the patient being able to walk about, and use the left arm and hand at table. In Feb., '54, a jelly-like substance surrounding a piece of fecal matter was submitted by Dr. Dewees to the microscope, and found to consist of granules, fusiform and other, denominated cancerous cells. Disease of the pancreas was now pronounced upon. In March, a yellowish patch was thrown off from the stomach, and found filled with the sarcina ventriculi; these were apparently destroyed by the administration of hyposulphite of soda. Irregular diplopia and dazzling of the sight occurred one month later. Then a most remarkable physiological exhibition was observed. The patient could place his right eye on another person, and by voluntary effort move the left eye in any direction without changing the fixed position of the right eye. This phenomenon could be produced at any time for four days, when the power was gradually lost. On the 31st May, he was attacked with pain in the side, as in 1852, accompanied by rigors, and the same diagnosis (hepatic abscess) pronounced. He died on the 24th September. The faithfulness of the dignosis of Dr. Dewees will be best understood by description of the morbid condition as revealed by the knife. *Post-mortem* examination 36 hours after death. Rigor mortis well marked on both sides, there being no apparent difference. Emaciation not extreme, nutrition nearly equal on both sides. The peritoneum was slightly congested. The intestines were small and seemed much contracted, the villous coat denuded in patches. *Stomach* contracted, its mucous membrane injected and somewhat softened. *Spleen* normal, *kidneys* quite congested. The *liver* contained in its large lobe, within two inches of its anterior border, a mass which seemed to be concrete pus, about half an ounce, with slight induration around; and a small mark directly over this mass resembling a cicatrix. Two other similar marks were also observed. The organ was diminished in size. The *gall-bladder* contained some 15 concretions, stellate in form, black throughout, the size of an ordinary pea. The *pancreas* was quite abnormal, with internal red, pulpy softening, fatty, and of a peculiar dark appearance. Adherent to its capsule was a piece of rough bony matter, strangely developed in three distinct layers of tough, fibrous membrane. The analysis of this substance was as follows:—

Organic matter	7.050
Phosphate of lime	77.520
Carbonate "	7.000
Magnesia	1.600
Phos. soda and chloride sodium	6.830
	100.000

Heart and lungs normal, except some old pleuritic adhesions. *Head.* Upon

removing the calvaria, the dura mater seemed healthy only on the *left side*, at a point corresponding to the parietal eminence; it was there adherent to the bone by a surface of an inch in diameter. At this position on the inner side of the dura matter, a *tumor* was found adherent, extending one inch into the substance of the brain; the adjoining portions being much softened. Another *tumor* of the same size, also attached to the dura matter, was discovered on the *right side* just above the petrous portion of the temporal bone. It extended so far into the substance of the organ, as to produce softening of the outer third of the crus cerebri, and consequently destruction of the *tractus opticus* of that side. In the *pons Varolii* was another smaller tumor, situated at the lower part of the pons, slightly to the right of the mesial line. The softening around this tumor extended to the upper part of the medulla oblongata, impinging upon the floor of the left ventricle. The pituitary body was shrunken and exceedingly soft. This condition was predicted by Dr. Dewees, who regarded the nutritive functions to be oppositely affected to those disturbances in cholera, where this body was uniformly found (by Dr. Conant) much hardened.

Effects of Rum and Arsenic on Stomach.—Dr. FINNELL presented a stomach similar to the one shown at the last meeting of the Society; it was rather more congested, and its mucous membrane covered with the same white spots. The patient had been intemperate for three years past, and died of phthisis—cavities existed in both lungs. The next specimen exhibited by Dr. F. was also a *stomach*, removed from a person who took ʒii of *arsenic*. During the night he vomited once or twice, and was found dead next morning. Examination revealed the stomach of a fiery red color, and extravasation of blood under the submucous cellular tissue.

Hydatids and Abscess of Uterus.—Dr. F. next presented a specimen of *hydatids* of the *uterus* and *abscess* in its *cavity*. Patient was 45 years of age, health good until the spring of 1853, when she suffered from loss of appetite, pain in the right hypochondrium, and irregular action of the heart. The liver was enlarged and firm to the feel. The heart hypertrophied, but no organic disease was detected. By proper medication, her general condition improved. In Oct. of the following year she experienced a severe flooding, supposed to be the result of an abortion. In Jan. last, she presented the appearance of a woman about four months advanced in pregnancy. The uterus was enlarged, and she thought the motions of the fœtus were felt at times. Hemorrhage again occurred. Placenta prævia was suspected, and at the end of six weeks she was so rapidly failing as to warrant the production of miscarriage by the use of ergot. It was administered freely, and on the 14th March, a large mass of hydatids was expelled from the uterus, accompanied with great loss of blood, which reduced the patient to an alarming state. Nine days after, the right leg and thigh became swollen and painful. Symptoms of pneumonia were developed, and on the 31st she died. *Post-mortem* ten hours after death. The heart weighed one pound; the hypertrophy being mainly confined to the left ventricle. No organic lesion of the valves. The right lung was hepatized from the base to the level of the fourth rib. An old tuberculous cavity, about the size of a hen's egg, existed near the sternum, between the intercostal space of the third and fourth ribs. Its external wall was formed by the pleura, which had united with the pleura-costalis. The left lung was pale and slightly œdematous. The *liver* weighed 4 lbs., of a well-marked nutmeg appearance. The *uterus* was of large size. On cutting through its body a small cavity was divided, containing a moderate quantity of yellowish green pus. The abscess did not communicate with the cavity of the organ. On one side of the uterus, the mucous membrane was hard and shrivelled, resembling an old cicatrix; it was probably the point of attachment of the hydatids. The ovarian veins were large and distended with blood. The femoral and external iliac veins of the right thigh at Poupart's ligament were firmly blocked up by fibrinous coagula.

Tumor of Throat.—Dr. LATTIMORE presented a *tumor* removed by him yesterday. It was situated in the throat, more attached to the left than right side; no attachment posteriorly, and apparently developed between the two layers of mucous membrane of the soft palate. It had been growing for eighteen years; its progress was arrested for three years by the topical use of lunar caustic. During the last few years it had been increasing quite rapidly, and attained such a size when first seen, as seriously to impede respiration and deglutition. Its removal was not attended with much difficulty; the attachment on the left side was divided by a scalpel, and the operation completed by the finger. Dr. Isaacs placed a portion of the tumor under the microscope, and found it to consist principally of fibrous tissue, and also contained a good many cells. He would not pronounce as to its nature from the short examination made.

Dr. VAN BUREN regarded the case as exceedingly interesting and unique in character, both from the length of time of its growth (18 years), and the ease and success attending its removal. From its appearance, he had no hesitation in pronouncing it cancerous.

Exostosis of Os Innominatum, reproduced after Amputation at Hip-joint, five years since.—Prof. W. H. VAN BUREN exhibited an enormous specimen of *exostosis* involving the whole of the left *os innominatum*, taken from a patient in whom he had performed amputation at the hip-joint for a similar disease of the *os femoris* nearly five years before, and who had recently died. The morbid growth had been reproduced in the acetabulum within a year after the amputation, although at the time of the operation it was perfectly healthy, as well as the head of the femur, which was also presented to the Society. Since the disease reappeared, it had continued to grow steadily and regularly until it had reached its present immense size and weight, 18 pounds. The patient died at a distance from the city with obscure cerebral symptoms, not immediately connected with the present disease.

The particulars of this case were reported in full to the Academy of Medicine soon after the patient's recovery from the amputation of the hip-joint, with wood-cuts representing the disease removed at that time (May, 1850), and the morbid specimens were presented at one of the meetings of this Society. The exhibition of the present specimen, therefore, completes the pathological history of the case.

In resuming the history of the case from the period where the record in the *Transactions* of the Academy leaves it, there are but a few circumstances of importance to be noticed. The morbid growth spread from the acetabulum where it first reappeared, until it gradually involved the whole bone. It pushed the soft parts before it, causing constant and sometimes severe pain, presenting everywhere an irregularly nodulated surface, very hard to the touch. It projected upwards until it came in contact with the lower ribs, and growing inwardly towards the median line, it encroached materially toward the close of the patient's life, upon the pelvic and abdominal cavities, so as to interfere with the functions of the rectum and bladder. The patient used opium habitually to relieve his pain, but when last seen by Dr. Van Buren in the spring of 1854, four years after the operation, his general health was still good; he ate and slept well, and was not losing flesh. Soon after this he left the city to reside in New Jersey, where he died in February, 1855. No accurate account has been received of the immediate cause of death, which seems to have been preceded by cerebral symptoms. Through the kindness of Dr. A. T. Pettit, of Long Branch, who examined the body, the specimen now before the Society was obtained.

It is only by comparing together the three preparations which comprise the whole of the femur in two pieces, and the os innominatum, and which are now placed in their natural relation to each other, that the true nature of this extraordinary disease can be thoroughly comprehended. The first is a dried mass of bone weighing 8½ pounds, comprising a little more than the lower half of the *os femoris*, where it was sawn through at the first operation to which

the patient was subjected, viz: amputation of the thigh in May, 1848. This tumor had been growing for a period of 16 years. It is a lamellated exostosis sprouting from the whole surface of the os femoris throughout its lower half, including its condyles and their articular surfaces.

The second specimen is the remaining, or upper portion of the femur, with the reproduced disease growing from its lower extremity; this is preserved in spirits, and shows the attachment of the sciatic nerve to the bony growth by which it is surrounded, thus explaining the severe character of the pain for the relief of which, mainly, the second operation was undertaken. This is also a pure bony growth or simple exostosis.

The third and last is the huge mass, weighing 18 pounds, and consisting of an osseous outgrowth from the *os innominatum*, and apparently from every portion of the surface of this bone. This recent preparation is evidently identical in character with the disease of the femur. It has been examined microscopically by Dr. Isaacs and myself, and the only histological elements which it contains, are those of true bone and fibrous tissue. At one point striped muscular fibre was found in the interior of a cancellated bony nodule corresponding in position to the dorsum of the ilium; this was supposed to be a portion of the glutæi muscles included in the bony growth, and not yet deprived of its characteristic appearance. (Drawings of these microscopical appearances were submitted by Dr. V. B.)

The surface of this tumor is covered by a layer of tissue varying in thickness at different points from the fraction of a line to half an inch and more. This is nothing more than periosteum; under the microscope it consists of white and yellow elastic fibrous tissue only. When I first examined the specimen from the femur seven years ago, I was under the impression that this contained cartilage cells; but in this specimen there are no cells of any kind whatever, except those which characterize the processes of exudation and transition, as met with in the reparative process and in benign growths.

The specimens before the Society, therefore, are simple exostoses, or bony outgrowths; and there is nothing in their histological character which warrants any suspicion of cancer, although the disease was so often reproduced.

Medullary Cancer.—Dr. Schilling presented a specimen of *medullary cancer* removed from the abdomen of a lady, æt. 54 years, a native of Germany. Her health was not good during the last fifteen years. Menstruation was regular until 48 years of age; she then suffered occasionally from uterine hemorrhage; and for two years experienced difficulty and pain in passing her stools. The bowels were found adherent to the tumor, which presented irregularities on its surface; the rectum was involved; its origin was evidently from the left ovary.

Cancerous Tumor of Thigh.—Dr. Von Roth exhibited a *cancerous tumor*, removed from a woman, 45 years of age. It was first observed, six months ago, on the inner portion of the thigh; six weeks ago the glands in the groin became painful and enlarged. He removed it on Friday. The microscope gave evidence of its cancerous nature.

Membranous Croup.—Dr. Krakowisser presented a *specimen of membranous croup*. He was called to the patient at noon yesterday; the respiration was extremely labored, pulse 140, and there existed evidently a pressing necessity to perform tracheotomy; but he had no instruments at hand. He cauterized the throat, the child immediately grew worse, the face blue, and veins distended. A lancet, with difficulty, was thrust into the trachea; bloody serum gushed out; the patient died in twenty minutes. The membranous exudation covered the whole extent of the larynx and fauces, the lungs were emphysematous.

Dr. Van Buren thought the obstruction existed at the crico-thyroid space, and suggested that if the trachea had been opened the result might have been different.

Dr. Batchelder suggested that, in performing the operation of tracheotomy, the incision through the skin should be transverse. Ample space for completing the other steps of the operation would be secured, and the wound easily healed by position alone in cricoid space.

Rupture of Bladder.—Dr. Stephen Smith then presented a specimen of *rupture of the bladder.*

Mr. McA., æt. 38, Irishman, of very intemperate habits, was admitted to the wards of the second surgical division of Bellevue Hospital, April 7, 1855. From his previous history it appears that, on the evening of the 3d inst., while intoxicated, he received a kick in the lower part of the belly, which gave rise to severe pain, and an immediate and ineffectual effort to pass water. He threw himself upon the floor, complained bitterly of the pain in the lower part of the abdomen, and accused his antagonist of killing him. He passed a wretched night, alternately lying down, and rising to pass his urine. On the following morning a Dispensary physician was called in, who found him dressed and sitting up, and complaining only of the retention of urine. His pulse was natural, and his general symptoms not indicative of any serious injury; the hypogastrium gave evidence of no unusual distension of the bladder, and there was no marked tenderness of the abdomen. Not having a catheter with him, the physician directed McA. to go to the Dispensary at the surgeon's hour, and have the water removed by a catheter. He went accordingly, a distance of nearly half a mile, leaning upon the arm of his wife, and walking in a semi-erect attitude. The surgeon drew off nearly a pint of clear urine. This operation gave considerable relief to his most urgent symptom, and he returned home with much greater ease, walking nearly erect. During the day he began to suffer from irritability of the stomach, retching, and vomiting, and succeeded in passing voluntarily some bloody urine. He passed a restless night, the vomiting now being the severest symptom. During the second day he continued vomiting, but passed his urine in small quantities. On the morning of the third day the Dispensary physician again visited him, and drew off his water. He was complaining only of excessive vomiting. During the third and fourth days he continued to vomit, but passed his water in sufficient quantities to relieve his distress.

On entering the hospital he was in a very prostrated condition, and complained again of retention of urine. A catheter was readily passed, and removed about a pint of water, which relieved him. On the following morning he suffered greatly from irritability of the stomach, but had again succeeded in voluntarily relieving his bladder of its contents. There were no external marks of injury, and no marked tenderness over the abdomen, which was, however, tympanitic. His water was drawn off in the evening with the catheter in less quantity than before. He was in a very low condition, and died during the night.

On making a post-mortem examination, a gallon or more of serous fluid, having no urinous odor, was found in the peritoneal cavity. There were no signs of inflammation in the abdominal cavity, nor plastic exudation, or even unusual injection of the peritoneum. The bladder was found firmly contracted, having a vertical rent in the centre of the superior part of its posterior wall, an inch in length, involving all its coats. The opening was patulous, leaving the passage from the cavity of the bladder to the peritoneum perfectly free. The mucous membrane of the bladder partially filled the rent; the peritoneum surrounding the rupture was somewhat injected, and the mucous membrane of the bladder exhibited several ecchymosed patches. No other morbid appearances were observed in the body.

Ulcer of Tibia.—Dr. Markoe referred to a case of *ulcer of the tibia*, presented by him some time ago. He wished to complete its history; it was undoubtedly malignant, the disease having reappeared in the groin.

Adhesion of Soft Palate to Fauces.—Dr. Detmold exhibited a patient suffering from the effects of adhesions formed about the fauces by the soft palate

consequent upon sloughing. The patient was a boy, about 12 years of age, and had suffered from the disease of the palate two or three years previously. He now has dyspnœa and aphonia, the latter having existed about six months. The soft palate is perforated, and to the feel presents only prominences; it is painful and intolerant of pressure. The question of treatment is most important. Is it not better to wait for more urgent symptoms, and then perform tracheotomy, than attempt to relieve his present condition by an operation?

Dr. CLARK recollected to have seen a similar case in a young girl at Bellevue, but the ulceration was much more extensive; there were no urgent symptoms in her case.

Dr. MARKOE mentioned a case of the same kind, on which Dr. Buck operated at the New York Hospital.

Poisoning by Arsenic.—Dr. FINNELL exhibited the *stomach* of a man, who took an unknown quantity of arsenic, and was found dead in his bed. Arsenic was detected in the stomach by the proper tests.

Hæmatemesis.—Dr. F. also exhibited the *stomach* of a boy, æt. 15 years, of previously good health, who, being taken very sick, had administered to him a dose of salts, soon after which he vomited blood. He died the same evening. On *post-mortem* examination the stomach was found half filled with fluid, and the mucous membrane had a dark, and in some portions a black appearance. There was great congestion of the internal organs, and hemorrhagic effusion in the kidneys.

Dr. CLARK regarded the dark color as due to the natural fluids of the stomach, the change being produced by the gastric fluid. He was led to this conclusion from observing the difference in the degree of color in that portion of the organ where the fluids lay.

Dr. DETMOLD remarked that large doses of epsom salts sometimes produced sudden collapse and death; he had known instances of this kind; death under these circumstances resembled that by cholera.

Strangulation—Rupture of Bowel.—Dr. ISAACS related the case of a child, 3 days old, which was seized with severe pain in the abdomen; great swelling of the belly followed, with obstinate constipation, and it died ten hours after. On examination, the cavity of the peritoneum was found filled with blood, fluid and coagulated, which was found to proceed from a rupture of the bowel occasioned by a strangulation from invagination; the rent was one-fourth of an inch above the point of constriction.

Miscarriage—Fatty Degeneration of Placenta.—Dr. METCALFE presented a *fœtus* with its *placenta*, discharged at about the fifth month. The patient was 35 years of age, and had twice miscarried; the first occurred suddenly at night, without any symptoms, at the third month. She was this time seized with chills, which recurred regularly at a certain hour, two weeks before her miscarriage. She recovered from those symptoms, but, on rising one morning, she had some uterine hemorrhage; she remained quiet for some time with relief, but, on attempting to rise again, the flow of blood was greatly increased. There was no pain accompanying the hemorrhage, and the only treatment indicated and followed, was rest and an anodyne injection. These did not prevent a miscarriage, which took place on the following day.

On examination of the placenta microscopically, it was found to have undergone fatty degeneration, and gave evidence of the origin of the hemorrhage which had occurred. This hemorrhage seemed to be due to inflammation, the result of which was a great increase of fibre-cells. The patient is very susceptible to conception, and the question of practical importance is, how can the recurrence of this change be prevented?

Dr. CLARK inquired if there was not a liability to mistake fibre cells at the fourth month. The hemorrhage was not necessarily due to inflammatory congestion, but might depend upon fatty degeneration of the placental ducts, to which there was a great tendency in these cases of fatty degeneration. The fibre cells may be due to the process of growth, and not inflammation.

Dr. METCALFE replied that the fibre cells were greatly increased at the point where the hemorrhage occurred; he had often examined these specimens, but never saw anything like this.

Renal Dropsy.—Dr. METCALFE presented the kidney of a patient who had died of general anasarca, and gave the following history, with microscopical drawings:—

Peter Brown, a native of Holland, seaman, was admitted to the New York Hospital, March 19th, suffering with general dropsy and dyspnœa.

The patient was a robust man, in appearance, 45 years of age; and up to the commencement of his present illness, had led a very healthy and temperate life. Three months before admission to the Hospital, after having left the Cape de Verde Islands, on an indirect homeward voyage, he had noticed a failure of appetite, debility and general swelling. It was not remembered at what part of the body this latter symptom commenced. He was disabled from the performance of his duties, and was obliged to lie in a small uncomfortable berth in the hold of the vessel for two months before reaching New York, living on tea and coffee, salt meat and ship biscuit. He was thirsty, and drank a great deal of water. There had been no complaint of headache, no pain across the loins, no disturbance of circulation. The bowels had been constipated, the urine not materially changed in quantity, the skin habitually harsh and dry.

On admission, it was noticed that the dropsy was great, effusion having taken place into the peritoneum and pleural sacs, as well as into the cellular tissue of the whole external portions of the body. There was œdema of the lungs, as shown by the existence of generally diffused crepitant rhonchus, without dulness on percussion. The skin was of a dull whitish color, quite dry, and a few small purpuric spots existed on the right thigh. There was the common dropsical erythema above the ankles. There was not and had not been any sponginess of the gums, or disposition to hemorrhage from them. Respiration, 15 to the minute, was sighing and labored, pulse 96, small, regular. Bowels torpid, urine of natural quantity, acid, without sediment, healthy in color. Sp. gr. 1011. Heat and nitric acid gave no sign of albumen. The microscope, on examining the lower strata after several hours' rest in a test-tube, gave negative results, except a few yellowish crystals of lithic acid.

The heart, on physical examination, afforded nothing abnormal, beyond weakness of its sounds. The limits of the liver were not different from those of health.

In view of the prostrated condition of the patient, he was put upon the use of the Hospital diuretic (squills, senega, carbonate of ammonia), and the legs were punctured in ten or twelve places on each, with the point of a lancet. Gin toddy, milk punch and beef tea were ordered as support and stimulants.

After the second day the anorexia increased so much, and he complained so of heartburn, caused by the gin, that lighter nourishment was substituted, and the alcoholic stimulus withdrawn. Notwithstanding the very copious flow of serum from the punctures, by which the abdominal, scrotal and general anasarca was diminished greatly, the dyspnœa and pleural effusion increased. His strength continued to fail, and on the 30th of March, eleven days after coming under observation, he died by exhaustion and apnœa.

Daily examinations were carefully made of the urine, which presented no characters different from those noted on entering the service. The quantity continued normal, and the sp. gr. 1011.

Post Mortem.—At the post mortem examination, there was found effusion, of moderate amount, into the pleura; lungs healthy, excepting general œdema of the parenchyma and carnification of lower edges from pressure. Heart weighing 17 ounces, much covered with fat; valves healthy and sufficient; aorta, for a foot from origin, dilated, thickened, atheromatous. Liver healthy and normal in size; gall-bladder very much distended with dark greenish bile.

The kidneys of normal size, pale whitish in color, allow the capsule to be peeled off with the greatest ease, leaving the surface of the organs of a mottled form and red color, and very granular. On section, the atrophy of the cortical substance is striking, in many places allowing the bases of the pyramids to approach within half a line of the capsule.

On examination by the microscope, there is seen an unusual quantity of fibrous tissue; the renal cells are studded thickly with fine oil globules rendered very evident by treatment with sulphuric ether. The Malpighian bodies, in some parts normal, are in others distended by effusion into their capsules, and have the tufts pressed towards the sides or centre, and very much atrophied. Albumen was found in urine taken from the bladder after death.

This case was admitted to the Hospital just before the clinical visit. It was shown to the students as an instance of renal dropsy; the diagnosis being founded on the absence of signs of hepatic or cardiac lesion, the waxy color of the skin, the extension of the dropsy to the whole body, and the low specific gravity of the urine, with no excess of quantity in the excretion. It is usually deemed conclusive evidence against the existence of Bright's disease if the urine be examined on several occasions, and found free from albumen. The present case, with several others brought before the Society at former meetings, will prove that this evidence, as usually taken, is not entirely trustworthy. Had it not been for the tests applied to the urine found in the bladder at the autopsy, it might have been cited as a case of chronic granular nephritis, without albumen existing in the renal secretion.

Tumor in Ductus Communis Choledochus.—Dr. MACREADY exhibited a liver taken from an old man, who entered Bellevue Hospital in a very prostrate condition, with no marked symptoms, other than emaciation, jaundice, anxious countenance, pain in the right side, and a large liver. At the *autopsy* it was found that the enlargement of the liver was due to closure of the common duct by a tumor developed beneath the mucous membrane. The hepatic ducts were in consequence enormously distended. The tumor appeared to be polypoid, and produced below the union of the cystic and hepatic ducts, and from the mucous membrane, completely filling the tube.

Dr. CLARK observed that the enlargement and color of the liver were interesting, the color was the bronze, often considered characteristic of remittent fever. It did not appear, however, that this patient had had remittent fever. Did the enlargement of the ducts then from obstruction give rise to this appearance? He believed it did. The color was due to a dark brown material, consisting of scales, granules, crystals, or crystalloid bodies, and is the same as that found in remittent fever. This matter is the hematine of the blood which is effused, and though certainly to be found after remittent fever, is not peculiar to it. It is called by Virchow hematoidine, by Lebert pseudo-melanose, hematic element, &c. It has a variety of colors, which indicate a change probably completed in the black. The black has been analyzed with different results as to the amount of carbon which it contains. It is soluble in nitric acid, but cannot be precipitated. This color cannot be considered a sign of remittent fever. It appears yet uncertain whether the bronze is found exclusively in remittent fever.

Dr. MOSES stated that in the remittent fever on the Rio Grande, this bronze color was always found.

Hydatid Cyst of Liver.—Dr. MACREADY also presented a portion of a tumor removed from a liver, having a nutmeg appearance, which was regarded as an obsolete hydatid.

Dr. CLARK said the tumor was about the size of the end of the thumb, it contained a sac having a fine lining, and partially filled with dead animal matter; it was a proper hydatid cyst, and contained three echinococci; the original hydatid was destroyed; the hooks of this animal, generally about 36 in number, and very indestructible, could not be found.

BIBLIOGRAPHICAL NOTICES.

ART. XII.—*An Essay to prove the Contagious Character of Malignant Cholera; with brief instructions for its Prevention and Cure.* By BERNARD M. BYRNE, M. D., Surgeon U. S. A. Second edition, with additional notes by the author; pp. 160. Philadelphia: Childs & Peterson, No. 124 Arch Street, 1855.

"Is it *smittle*, docthur?" is the first interrogatory put to the physician by a large, and in many respects a very undesirable portion of his constituency, in almost every case of sickness to which he is called. And it is important that he be able to give a categorical answer to such a question, founded on a judgment based upon his own observations, or those of competent and reliable persons who have had observation and experience.

We had intended to examine into the merits of Dr. Byrne's book somewhat at length, but want of room compels us to forego that pleasure. The object of the work is set forth in the title. Dr. Byrne is a firm believer in the doctrine of contagion, and he brings forward some very plausible, if not convincing arguments in support of his views. In spite, however, of the attractive style and the logic of Dr. Byrne's essay, we feel constrained still to adhere to the views held by the large majority of the profession, viz: that cholera is not contagious in the sense of the word that smallpox is. We believe that confined air, filth, the depressing influence of fear, and various local causes, may and do tend to increase the disease, but from our own reading and observation, we cannot admit of its *contagious* nature.

Dr. Byrne's opportunities for observation, we should think, were too limited to give great weight to his opinions. Men who have seen hundreds of cases where he has seen one, are quite as firm advocates of the non-contagious, as he is of the contagious nature of the disease.

We are not sorry, however, that the book has been written, and heartily commend it to the attention of those who wish to examine a logical and well-written essay on Dr. Byrne's side of the question. The first edition of the work was published in 1833.

ART. XIII. *A Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, and Prostate Gland, and the Urethra.* By S. D. Gross, M. D., &c. &c. Second edition, revised and much enlarged, with one hundred and eighty-four illustrations, pp. 925. Philadelphia: Blanchard & Lea, 1855.

THE physician who would have a well selected and useful library, must make it up in great part of monographs. We possess excellent treatises on

the heart, the liver, the testis, the eye, ear, &c.; but, until Dr. Gross assumed the task, we had no systematic work on the urinary apparatus. This is the more remarkable in view of the importance of this apparatus as one of the principal emunctories of the body.

That Prof. Gross has done his work in a manner creditable both to himself and to the literature of his country, was admitted by all, we believe, both at home and abroad, in respect to his first edition, which was much less perfect than the present. Indeed, in the present state of the science of medicine Dr. Gross' work seems to leave nothing to be desired in the way of a perfect treatise on the subjects of which it treats, and it should grace the library of every physician who is desirous of availing himself of all the knowledge that is accessible in the various departments of his calling. There is many a physician's library in the land in which a hiatus, that no doubt has been often *felt* to exist, will be well filled when this work is procured.

It is not, of course, our province to enter into a critical examination of the work, and we conclude our observations respecting it with the remark that we regard it as one of the most useful books in our library.

The publishers deserve great credit for the elegant style in which the work is got out.

*** We have on our table a number of pamphlets which we had intended to notice this month, but cannot for want of space. Among these, we may mention here *Godey's Lady's Book* and *Graham's Magazine*. To those of our readers who desire to furnish their families with a monthly containing fine embellishments, and a superior order of light and historical reading, we cheerfully recommend either or both of these works.

The *terms* are $3 00 for single copies, two copies for $5 00, &c. Both are published in Philadelphia.

EDITORIAL.

NEW YORK ACADEMY OF MEDICINE—TRACHEAL CATHETERISM.

A SUBJECT of unusual interest and importance to our profession, has been under discussion during the past month in this institution. On the 6th of December last, Dr. Horace Green, of that city, in a paper which he read to the Academy, claimed to have performed the extraordinary operation of catheterism of the trachea and larger bronchial tubes with such facility and success as to be able to inject a solution of argent. nitrat. into the pulmonary cavities at the upper part of the lungs, on either side, as might be required. This startling announcement was apparently so well fortified by cases (the details of which were minutely presented), and reference to several well-known professional gentlemen as witnesses of the operation, that there seemed to be no room for doubt; and, to use an expression of some of the members, "a new era in practical medicine appeared to have dawned." The confidence with which these statements were made, coupled with the general acquiescence in, not to say conviction of, the truth of the long repeated assertions of the same gentleman, that sponging the larynx and trachea was an easy and daily performance, from which great benefit in the treatment of diseases of the air-passages had been obtained under his hands, went far to confirm the reputation of the reporter, and to remove, in some measure, the prejudices which had existed in many minds against him.

Dr. Green expressed an entire willingness to submit his statements to the test of practical investigation by the Academy, and accordingly a committee was appointed to examine the subject and report at a future sitting. The committee consisted of Professors Willard Parker and A. H. Stevens, Drs. Isaac Wood, John O. Stone, James Anderson, and J. T. Metcalfe, and Professor Barker; the latter a colleague of Prof. Green, in the Thirteenth Street Medical College. This selection met the entire approval of Dr. Green. The committee have spent the time since the original paper was read, in a patient and careful scrutiny of the subject in all its details. They have experimented upon thirty-eight cases,

the particulars of which, together with the results of their observations and reflections, they give in an elaborate report which was presented to the Academy at the regular meeting in June.

Some of the patients experimented on were under Dr. Green's private care, and were treated in his office; the others were inmates of Bellevue Hospital, and were operated upon, some by Dr. Green, and others by other members of the committee.

The results of these investigations and experiments, as reported by the majority of the committee, were as unexpected as they were interesting to the Academy. They had every appearance of having been conducted with care and candor, and perfect fairness—at least no intimation was given either in the report, or by Prof. Green, at the meeting at which the report was read, of any exception to any act of the committee in any part of their examination. We need not occupy space in describing the arrangement of the report, and will content ourselves with a brief statement of the general result at which the committee arrived. They first discuss the practicability of passing a catheter or curved tube into the larynx, through the vocal chords, and into the trachea. They show that to do this, there must necessarily, except in some very rare instances, be produced the same rational signs as are well known to follow the introduction of foreign bodies generally; such as partial suffocation, venous turgescence of the face, protrusion and staring of the eyes, spasmodic action of the respiratory muscles with great anxiety not easily allayed, husky voice, &c.

Now the report declares that, in but one of the thirty-eight cases experimented upon, were these symptoms produced in such a degree as at all to justify the conclusion that the tube had passed even into the larynx, much less into the trachea; on the contrary, in several instances in which Dr. Green himself passed the instrument and declared it to be in the trachea, vomiting took place through the tube, with other proofs of its having been passed into the œsophagus. And this the committee believe to have happened in a great majority of the cases; leaving the inference to be drawn that in many in which a solution of nitrate of silver is said to have been injected into the bronchi, it has been passed into the stomach instead.

Two forms of instruments were used, one with a larger curve than the other, and the following are the numerical statistics as

given by the committee in reviewing the cases reported upon by them; viz: in thirteen cases in which the large curved catheter was used, it was successfully introduced in eight cases, and failed in five cases; in thirty-seven cases where the small curved tube (that chiefly employed by Dr. Green) was used, three only were successful, while in thirty-four there was complete failure to introduce the tube; in eighteen cases in which the sponge-probang was attempted to be introduced into the trachea, as has been frequently asserted to be an easy operation, *it did not succeed in a single instance*, if any reliance whatever can be placed upon the well-known rational signs. It was not denied, however, that it may be made to enter the larynx.

The report then discusses the "*cui bono*" of the operation, admitting it, for argument's sake, to be practicable and available in any number of cases. On this point there was very little opportunity for investigation, one case only of its effects being related. In this case about two drachms of a solution of nitrate of silver (℈ij to the ℥j) was injected through the tube into the trachea of a patient in Bellevue Hospital; death ensued in less than twenty-four hours afterwards. The autopsy showed extensive tuberculous disease, with cavities in the upper sections of the lungs, and the bronchial tubes containing a tenacious membranous looking material, which plugged and rendered them impervious to air. The patient was a feeble man, though prior to the operation he had not been confined to his bed.

We believe we have given above, though very briefly, and drawn only from memory, the main points of the report. The report was followed by a paper from Prof. Barker, who dissented from the majority, and presented his document as a quasi minority report, though he stated that its imperfections, owing to the brevity of the time allowed him to prepare it, would not permit it to receive that title. It was, perhaps, fortunate for him that he denied it that position, for a more unprofessional document it has rarely been our lot to listen to. It consisted mainly of some criticisms upon the proceedings and deductions of the committee, couched in not very courteous language, and embraced in its evidences of the practicability and utility of introducing the tube and injecting nitrate of silver into the bronchi, a number of certificates from non-professional persons, patients of Dr. Green, which stated

that the tube and solutions had been introduced into *their* throats and lungs, and they were improved in health thereby; a mode of argument in common use as puffs for quack remedies in the daily papers, but sadly out of place in a scientific discussion.

An animated discussion followed, in which some of the historical cases quoted by Professor Barker, in proof of the feasibility of catheterism of the trachea, were analyzed, and made to prove that even so distinguished a surgeon as Dessault must, or at least might, have been deceived. The upshot of the whole matter appeared to be, not so much that deception had been practised by Dr. Green and others, who asserted the operation to be of easy performance, as that the operators themselves had been deceived; that the instruments, both catheters and probangs, had, doubtless, in a majority of instances, found their way into the œsophagus instead of the larynx. One cause of this deception, it would appear, has arisen from the feeling of constriction on the withdrawal of the instrument, which has been supposed to be given by its return through the glottis, whereas it is more likely to have been from the lower pharyngeal muscles.

The discussion was protracted to near midnight at the first meeting, when it was agreed to hold an extra session for its continuance, two weeks from that time, Professor Barker engaging to prepare his paper in proper form, to be submitted as a minority report.

At the adjourned meeting, the majority report was again read, together with notes from Dr. Anderson and Professor Stevens, who had not signed the report, the latter chiefly because he had been present at only two sittings of the committee. He asserts in the note that he had seen the tube introduced several times, but cannot affirm to its being passed into the right or left bronchus at will. Dr. Anderson assented to the general correctness of the report, but thought sufficient attention had not been given to the question of the practicability of the operation.

Professor Barker now submitted his minority report in proper form, and in justice, it must be remarked that time and reflection had evidently wrought a great change, if not in his views, at least in his mode of dealing with the subject, for it is scarcely credible that two papers of such totally diverse characters could have

emanated from the same brain. He had evidently profited by criticisms upon the style and matter of his first production.

His paper reviews the history of catheterism of the air-passages, rather more at length than was done by the majority report, a point of medical literature only, and then proceeds to criticize the character of the investigations made by the committee at Bellevue Hospital, regarding them as unworthy of consideration; that the patients were not prepared for the operation by previous treatment, and, consequently, were more irritable and excited (though the committee discovered the same irritability in those who had been frequently operated upon by Dr. Green). He then reviewed the cases in detail as reported, and comes to the conclusion that the success was far greater than the committee state it to be, amounting to fifty per cent. instead of eight or ten per cent., and objects to the adoption of the "rational signs," as laid down by the committee, as reliable evidence whether the instrument has passed into the trachea or not, citing some authorities in support of that position; but, as it appears to us, he fails to give any other satisfactory evidence of the incorrectness of the committee's conclusions. The objectionable "certificates," which were presented at the former meeting, were now wholly omitted, and their place occupied by one from a medical man in Vermont, who assured the Academy that he is in the frequent practice of introducing the catheter and injecting the caustic solution *into his own trachea*, and can readily tell when it goes down the "wrong way," *i. e.*, into the œsophagus.

These papers occupied so much time in the reading, and their character was such as to preclude further debate on this occasion; consequently, after ordering all the documents to be printed as part of its *Transactions*, the Academy adjourned the discussion until the next regular meeting, on the second Wednesday in July. The interest, we might almost say *excitement*, felt in the subject by the profession at large, as well as by fellows of the Academy, was manifested by the crowded audiences assembled on these occasions, the hall being filled to repletion, especially on the last evening, and the anticipated further discussion will, doubtless, be equally well attended, while we are happy in the belief that as heretofore, so in future, the true dignity and decorum of our profession will suffer nothing from the valiant encounters of our

brethren of the New York Academy of Medicine, and that the sole aim of the members of this popular and valuable institution will be to elicit the truth, and nothing more or less.

We expect to keep our readers apprised of the result of future discussions on this interesting subject.

CONSULTATION WITH OUR READERS.

Our readers will perceive that we present them with another original number this month, to the exclusion of a great deal of editorial and other matter. Although we have a number of "important" topics in our minds, which we hope some day to find vent for, we are content to give way for the accommodation of such writers as honor the Reporter by making it the vehicle of their communications to the profession. We are sorry, however, that we are not able to present our readers regularly our monthly summary of medical intelligence, and also make selections from our numerous valuable and valued exchanges. Indeed, it is quite a trial to be compelled to lay these aside month after month, for we desire to reflect the spirit of the medical press in our columns, as well as give original essays. In this dilemma, *what shall we do?* We *cannot* ask our friends to withhold their communications—we do not desire it. As the demand on our columns has increased, we have enlarged the Reporter, and still it is too small. We promised our readers nearly six hundred pages in the present volume, and have been compelled to give them nearly four hundred pages already.

It is evident that with the present popularity of the Reporter, it ought to be nearly as large again as it is. This state of things leads to a few remarks on

WHAT WE WANT TO DO.

We want the Reporter to represent the great heart of the profession in this country, untrammelled by any private or corporate interest. To this end it should be sufficiently large to accommodate writers in all sections of the country, and leave room for selected articles.

We want to have a corps of *interested* correspondents in every section of the Union, who will furnish us with facts for a complete editorial department for the whole country, including sta-

tistical tables of mortality in our principal cities. But we cannot detail all our wants. We think we understand what a medical journal ought to be, and are anxious to bring the REPORTER up to our beau ideal. Already indebted to friends who have interested themselves in increasing our subscription list for the ability to do what we have done, WE ASK THEM IF THEY WILL NOT RENEW THEIR EFFORTS, *and we ask* ALL *our subscribers and readers* to interest themselves in extending our circulation, *always remembering, however, that we want* NO SUBSCRIBERS *who do not pay in advance.* The REPORTER will be just what its friends please to make it. If they will give us two or three thousand subscribers, it shall be not one whit behind the highest priced journals.

THE NEW YORK PATHOLOGICAL SOCIETY.

The official report which we publish of the proceedings of this important society is, we believe, the only *full* report of its transactions that is published. These pathological reports constitute some of the most interesting and valuable matter that is published in our journal, and we are glad to find that their value is appreciated by our readers and exchanges.

We have a number of valuable communications on hand, which will be published as rapidly as possible. Among them are papers from Drs. W. J. C. Duhamel, R. Douglass, Wm. Johnson, and J. Honeyman.

If any of our readers have been deceived by the pretensions of B. Keith & Co., of New York, it is not our fault. We understand that an analysis of their "Positive Medical Agents" has proved that they are so impure as to be utterly inert. An analysis is to be published in a forthcoming number of the *American Journal of Pharmacy.*

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